

T

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046278

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 232

FILED JAN 2 1963

1. PLACE OF DEATH

a. COUNTY

Clayb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SmithvilleLength of stay in lb
52 Daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Smithville Community Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jacksonc. CITY OR TOWN IndependenceInside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
9529 E. 15th St.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First DanielMiddle CliftonLast Snider

4. DATE OF DEATH

Month Dec.Day 22Year 1962

5. SEX

Ma

6. COLOR OR RACE

Wh7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-24-04

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm Laborer

11. BIRTHPLACE (City and state or country)

Bandon, Oregon

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Catha Snider

13b. MOTHER'S MAIDEN NAME

Ellen M. Stewart

14. NAME OF HUSBAND OR WIFE

Mary E. Snider

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mary E. SniderAddress 9529 E. 15th St.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

7 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease1 yr

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

None

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year 20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960to Dec 22, 1962 and last saw him alive on Dec 22, 1962Death occurred at 11 A M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

David R. Chiles M.D.

22b. ADDRESS

Smithville, Mo.

22c. DATE SIGNED

12-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-26-62

23c. NAME OF CEMETERY OR CREMATORY

Salem Cemetery

23d. LOCATION (City, town, or county)

Jackson Co., Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Geo. C. Carson & Sons Independence, Mo.

25. DATE RECD. BY LOCAL REG.

12-24-62

26. REGISTRAR'S SIGNATURE

Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

JAN 16 1963

AUG 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.